ROUTE TO: RDPD OR CONFLICT COORDINATOR (SEE BELOW)

STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER MISCELLANEOUS CLAIM FOR SERVICES

Name of Claimant		-	Vendor ID #		
Services Provided:					
	Investigator				
	Expert Witness				
	Transcripts/Depositions				
	Research				
	Mediator				
	Other (Please Specify)				_
Claimant must itemize s	ervices by regionally assig	gned OPD client # - doc	cumenting dates,	time spent, rate	of pay, and a
	y. Separate summary form		•	•	
invoice must then be att	ached to this summary for	m. Please itemize any	pre-approved ex	penses related	to your work. All
travel expenses should I	oe reported on a travel exp	pense voucher form and	d attached to this	claim form. Cl	aimant must
submit a monthly invoice	e by the 10th day of the m	onth, at the latest, follo	wing the month i	n which any cos	ts were incurred.
Please attach vour notice	of pre-approval and an Ite	emized invoice for all wo	ork and/or costs o	on each case list	ed below.
Month/Year		_			
Client	Assigned	Attorney's	Total	Total	Total
Name	OPD Client #	Name	Fees	Costs	Fees&Costs
<u> </u>					
					<u> </u>
TOTALS			-	-	_
The undersigned Counse	el certifies that the cases lis	sted, expenses claimed	and the times rep	oorted are true a	nd accurate
		_			
Claimants Signature/Da	te of Submission				
Regional Director's or Conflict Coordinator's		-	Contract Manager's Approval/Date Approved		
Approval/Date Approved					

SIGNATURES ABOVE CERTIFY THAT ALL COSTS IN EXCESS OF \$200 HAVE BEEN PREAUTHORIZED. CONFLICT CASES: FAX TO KERRY NEWCOMER @ 406-327-0771 OR EMAIL TO K.NEWCOMER@GN-LAW.COM ALL OTHER NON CONFLICT CASES NEED TO BE SUBMITTED DIRECTLY TO THE RDPD FOR APPROVAL.